FERPA Authorization to Release Information

Student Information (Please Print)
First Name ________________________ Last Name ________________________ ID# 0000 _______________________

Saint Elizabeth University, in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), has designated the following items as “directory” information: student’s name, major field of study/curriculum, enrollment status, anticipated degree date, degree received.

The University may disclose any of the above listed items without the student’s prior written consent, unless the Registrar’s Office is notified in writing to the contrary.

All other students information, such as, academic records, financial aid records and billing records, is considered confidential and will not be released, with certain exceptions, without the student’s written permission.

If you wish for a third party to have access to some or all of your student information, please complete the form below and return to the Registrar’s Office.

I, __________________________ (student name), hereby authorize Saint Elizabeth University to release information that is designated below:

_____ Only Academic Records (including grades and schedule of classes)
_____ Only Financial Aid
_____ Only Financial Records Related to Billing
_____ All of the above, including: Academic Records, Financial Aid and Financial Records related to billing

I authorize this information to be released to the following parties: (please print)

1) __________________________ Relationship ____________ Phone ( ____ ) ____-______
Email __________________________

2) __________________________ Relationship ____________ Phone ( ____ ) ____-______
Email __________________________

3) __________________________ Relationship ____________ Phone ( ____ ) ____-______
Email __________________________

Student Signature/Date _______________________________________________________________________________

Please Note: This form becomes null and void upon your separation from Saint Elizabeth University. If you wish to extend the provisions of this form past your separation from the university, please complete a new form which is available in the Registrar’s Office.

Registrar’s Office __________________________ Date __________________________